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<p><i>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i></p> <p><b>FEE TRANSMITTAL</b></p> <p><b>For FY 2008</b></p>		<p><b>Complete if Known</b></p>	
		Application Number	10/814,982-Conf. #8631
		Filing Date	March 30, 2004
		First Named Inventor	Valery M. Dubin
		Examiner Name	U. Jung
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1641
TOTAL AMOUNT OF PAYMENT	(\$)	810.00	Attorney Docket No. 21058/0206743-USO

METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/>	Check	<input checked="" type="checkbox"/>	Credit Card				
<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None				
<input type="checkbox"/>	Other (please identify): _____						
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number: <u>04-0100</u>	Deposit Account Name: <u>Darby &amp; Darby PC</u>				
<p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Charge fee(s) indicated below                         </td> <td style="width: 50%; vertical-align: top; padding: 5px;"> <input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b> </td> </tr> <tr> <td style="vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17                         </td> <td style="vertical-align: top; padding: 5px;"> <input checked="" type="checkbox"/> Credit any overpayments                         </td> </tr> </table>				<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>	<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments
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<b>FEE CALCULATION</b>																																											
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																											
	FILING FEES		SEARCH FEES		EXAMINATION FEES																																						
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>	<u>Fees Paid (\$)</u>																																				
Utility	310	155	510	255	210	105																																					
Design	210	105	100	50	130	65																																					
Plant	210	105	310	155	160	80																																					
Reissue	310	155	510	255	620	310																																					
Provisional	210	105	0	0	0	0																																					
<b>2. EXCESS CLAIM FEES</b>																																											
<u>Fee Description</u>							<u>Small Entity Fee (\$)</u>																																				
Each claim over 20 (including Reissues)							25																																				
Each independent claim over 3 (including Reissues)							105																																				
Multiple dependent claims							185																																				
<table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"><u>Total Claims</u></td> <td style="width: 10%;"><u>Extra Claims</u></td> <td style="width: 10%;"><u>Fee (\$)</u></td> <td style="width: 10%;"><u>Fee Paid (\$)</u></td> <td style="width: 30%;"><u>Multiple Dependent Claims</u></td> <td style="width: 10%;"></td> </tr> <tr> <td>33</td> <td>- 40 = 0</td> <td>x</td> <td>=</td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> </tr> <tr> <td colspan="6">HP = highest number of total claims paid for, if greater than 20.</td> </tr> <tr> <td><u>Indep. Claims</u></td> <td><u>Extra Claims</u></td> <td><u>Fee (\$)</u></td> <td><u>Fee Paid (\$)</u></td> <td></td> <td></td> </tr> <tr> <td>3</td> <td>- 4 = 0</td> <td>x</td> <td>=</td> <td></td> <td></td> </tr> <tr> <td colspan="6">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>								<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>		33	- 40 = 0	x	=	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	HP = highest number of total claims paid for, if greater than 20.						<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>			3	- 4 = 0	x	=			HP = highest number of independent claims paid for, if greater than 3.					
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<b>3. APPLICATION SIZE FEE</b>																																											
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																											
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_____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____																																											
<b>4. OTHER FEE(S)</b>																																											
Non-English Specification, \$130 fee (no small entity discount)																																											
Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ...							810.00																																				

<b>SUBMITTED BY</b>			
Signature	/Martin Sulsky/	Registration No. (Attorney/Agent)	45,403 Telephone (202) 347-7865
Name (Print/Type)	Martin Sulsky	Date	August 26, 2008